

TRENDS & Ideas

SURVEYS

Alternative Therapies Growing in Popularity



Americans' use of alternative medicine has nearly doubled in this decade, according to an article by David M. Eisenberg, MD, et al., in *JAMA*.

In late 1997 and early 1998, Eisenberg and his colleagues replicated a telephone survey they had originally conducted in 1991 for the previous year. A total of 1,539 adults had participated in the 1990 study, whereas 2,055 participated in the 1997 effort.

By extrapolating their results, the researchers calculate that Americans made 202 million more visits to

alternative therapy practitioners in 1997 than they had seven years previously, an increase of more than 47 percent. Eisenberg and his colleagues estimate that consumer spending on alternative medicine has increased about 45 percent, from \$14.6 billion in 1990 to \$21.2 billion in 1997.

The 1997 figures show that consumers of alternative medicine tend to be 35- to 49-year-old white women who have some college education and annual incomes of above \$50,000 and live in the western part of the nation. The therapies show-

ing the largest increase in use are herbal medicine, massage, megavitamins, self-help groups, folk remedies, energy healing, and homeopathy. For only five therapies—massage, chiropractic, hypnosis, biofeedback, and acupuncture—did most consumers consult a practitioner, however (chiropractors and massage therapists accounted for nearly half of all practitioner visits). In employing the other alternative therapies, the researchers found, consumers generally prefer to

PUBLIC HEALTH

Tackling Infant Homicide

Homicide is increasingly a cause of death among infants in the United States. Alarmed by this trend, Mary D. Overpeck, DrPH, et al., have studied the risk factors involved, reporting their findings in the *New England Journal of Medicine*.

Overpeck and her colleagues examined all U.S. deaths occurring in the first year of life between 1983 and 1991. They identified 2,776, or 26.8 percent of all infant deaths due to injury, as homicides. Although the killers in these cases were not identified, earlier studies had shown that mothers were usually the perpetrators during infants' first week of life and fathers and stepfathers were often the perpetrators after the first week.

The researchers' studies revealed that young women with the following characteristics tended to be at risk for infant homicide:

- Mothers with fewer than 12 years

of education

- Mothers who had had no prenatal care
- Mothers who were younger than 17
- Mothers who had had two or more children by the time they were 19

Especially at risk, the researchers found, were young women who had certain combined characteristics: Those who received no prenatal care and were either younger than 17 when they gave birth or were 19 or younger and giving birth to a second (or at least subsequent) child.

Overpeck and her colleagues also discovered that infant homicide victims are most likely to be killed during their first few months of life. In view of this fact, the researchers recommended that intervention programs be designed for at-risk women; and that these interventions be carried out during pregnancy, at the time of birth, and in the immediate postpartum period.

treat themselves.

Although a majority of consumers in both 1990 and 1997 dug into their own pockets to pay for such therapies as massage and chiropractic, this has certainly not slowed the growth of alternative medicine's popularity. In 1997 users paid an estimated \$12.2 billion in out-of-pocket fees to alternative medicine practitioners—considerably more than they paid out of pocket for hospitalizations (\$9.1 billion) and nearly half of what they paid out of pocket for

physicians' services (\$29.3 billion).

In view of alternative medicine's growing popularity, Eisenberg and his colleagues urge both the federal government and private organizations to help conduct clinical and basic science research; develop educational curricula and credentialing and referral guidelines; improve quality control of dietary supplements; and establish post-market surveillance of drug-herb (and drug-supplement) interactions.

WOMEN'S HEALTH

As Workforce Ages, Companies Address Menopause

Historically dismissed as empty, useless, and sick, menopausal women may soon have more attention paid to their health needs because their ranks are growing as baby boomers approach their retirement years. About 50 million women will be at least 50 years old by 2000, compared to fewer than 5 million only a century ago, according to October's *Business and Health* magazine. Savvy employers are getting involved in age-related issues. When Pitney Bowes of Stamford, CT, organized a menopause workshop, employees flocked to it. "It was one of the most popular things we've ever

done," says corporate medical director Dr. Jack Mahoney.

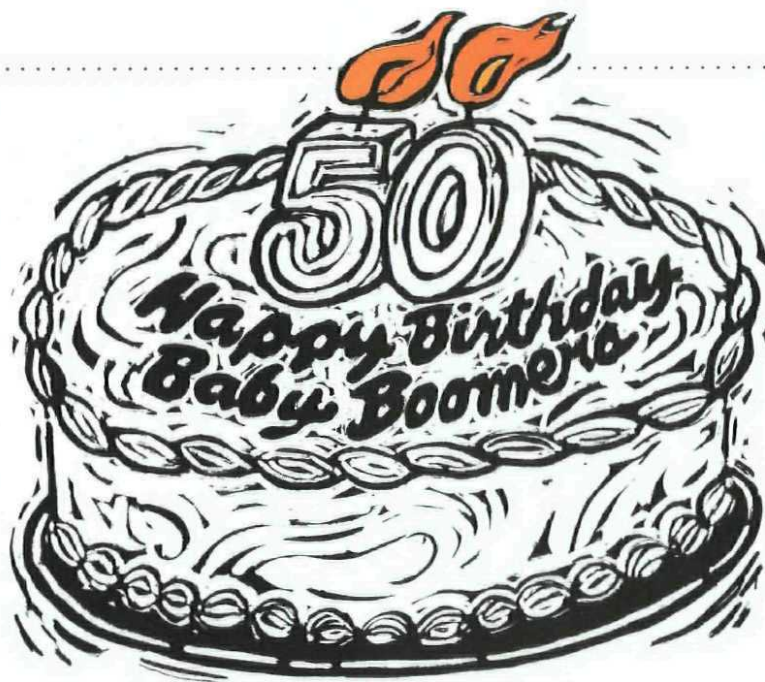
Employers can provide menopause education in two ways. One method is to integrate the topic into existing employer-based programs. Smoking-cessation classes can address weight control and body image. Cholesterol screenings can include information about women's increased risk of heart disease caused by decreased estrogen production as they age. Another option is to incorporate information into a large benefit program such as retirement planning.

Some companies are even trying to reach women em-

ployees before they enter midlife. "A lot of women's health problems relate to choices they make at a very young age," says Catherine Hawkes, assistant vice president of health management, CIGNA Corp., Philadelphia.

Sara Lee, Chicago, joined forces with a large pharmaceutical firm to hold a health screening, which included free osteoporosis screenings for women employees of all ages. Of more than 1,300 women screened, 10 percent had

osteoporosis and 24 percent had osteopenia, a bone mass reduction that is not as serious as osteoporosis. Two women with osteopenia were in their 20s, and one with osteoporosis was in her early 30s.



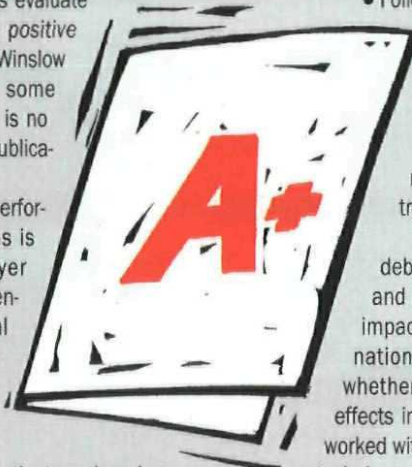
HOSPITALS

Report Cards Lead to Improvement

The publication of consumer guides and scorecards that rate medical providers much the way consumer organizations evaluate automobiles and VCRs is apparently having a positive effect on the quality of healthcare, writes Ron Winslow in the *Wall Street Journal*. Although there is some question as to just how direct the link is, there is no doubt that outcomes have improved since the publication of the public report cards.

The practice of gathering data to rank the performance of doctors, hospitals, and health plans is becoming more widespread among employer groups, accrediting organizations, and state agencies. According to David Shulkin, chief medical officer at the University of Pennsylvania Health System, "These public efforts have been essential to stimulating a whole new interest by providers" in quality improvement.

• In New York, the in-hospital death rate for patients undergoing coronary bypass surgery fell more than 30 percent to 2.44 percent in 1996



from 1989, when the state started collecting hospital performance data.

• Following the publication of a consumer guide to obstetrical services in Missouri, hospitals that ranked low began improving their performances, for example reducing the number of cesarean-section births.

• In Pennsylvania, many hospitals have improved internal quality monitoring and reporting procedures in response to consumer guides on bypass surgery and treatment of heart-attack patients.

The scorecards' true impact on hospitals is open to debate, since other factors such as improved technology and regulation of the healthcare system can also have an impact on outcomes. Heart surgery mortality has declined nationally in recent years, and it is difficult to determine whether the New York or Pennsylvania reports had specific effects in those states. However, agencies in those states have worked with medical leaders to refine data-gathering and reporting techniques, and doctors and hospitals say they find value in the information.

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

www.chausa.org

HEALTH PROGRESS®

Reprinted from *Health Progress*, January-February 1999
Copyright © 1999 by The Catholic Health Association of the United States
